# CHIP

Children's Health Insurance Program

1-877-KIDS-NOW

health.utah.gov/chip

## Member Guide

## Important Contact Information

CHIP Premium Line: 1-866-435-7414 (select option 5)
CHIP Hotline: 1-877-KIDS-NOW (1-877-543-7669) or 1-888-222-2542
Health Program Representative (HPR): 1-866-608-9422
CHIP Website: www.health.utah.gov/chip
CHIP Online Education: www.health.utah.gov/umb
My CHIP Case Number: _____
My Local Eligibility Office: _____
My Doctor: _____
My Local Pharmacy: _____
My Dentist: _____

## Health Plans

**SelectHealth:** 1-800-515-2220 or www.selecthealth.org
**Molina:** 1-888-483-0760 or www.molinahealthcare.com

## Dental Plans

**Premier Access**: 1-877-854-4242 or www.PremierLife.com
**DentaQuest**: 1-800-483-0031 or www.dentaquestgov.com

## Other

Find an Eligibility Office Near You: 1-888-222-2542
DWS Eligibility Services Center: 1-866-435-7414
*myCase* (information about your case online): https://jobs.utah.gov/mycase
Primary Care Network (PCN): 1-888-222-2542 or www.health.utah.gov/pcn
Utah's Premium Partnership (UPP): 1-888-222-2542 or www.health.utah.gov/upp
Medicaid: 1-800-662-9651 or www.health.utah.gov/bep
General Information: 2-1-1

# CHIP

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**(1-877-543-7669)**
**health.utah.gov/chip**

# Member Guide

**Effective July 2012 - December 2013**

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# INTRODUCTION

## Welcome

Welcome to the Children's Health Insurance Program (CHIP). Many working Utah families who do not have health insurance for their children may qualify for low cost insurance. CHIP offers services through:

**Two Medical Plans**

- **SelectHealth**
- **Molina Healthcare of Utah**

**Two Dental Plans**

- **Premier Access**
- **DentaQuest**

After you have been approved for CHIP, it is time for you to choose a health plan so that you can begin using your benefits and services. **CHIP benefits are the same no matter which medical or dental plan you choose.** Your local Health Program Representative (HPR) will help you through that process (see page 10).

For information about CHIP policies, please see the CHIP Policy Manual by visiting www.utahcares.utah.gov/infosourcechip.

## Summary of Covered Benefits

CHIP covers the following benefits for your children:

- Well-child exams ($0 co-pay)
- Immunizations ($0 co-pay)
- Doctor visits
- Medical emergency services
- Prescriptions
- Hearing and vision exams
- Mental health services
- Dental services for prevention and treatment of tooth decay ($0 co-pay for exams and cleanings)

Because preventive care is so important in keeping your child healthy, CHIP does not require a co-pay for well-child exams and immunizations. For a more detailed list of benefits and co-pays, see page 19.

## Your Health Program Representative

Your HPR will help you choose your health and dental plans. See "How to Choose a Health Plan" on page 10 for more information. Your HPR will also:

- Offer free classes to you about how CHIP works
- Answer general questions about your health plan
- Give online education tools about CHIP at www.health.utah.gov/umb

## Your Eligibility Office

An eligibility representative from the Department of Workforce Services (DWS) reviews your CHIP application, determines if you are eligible, and conducts your annual enrollment renewal. You must call the eligibility office if you have a:

- Change in the number of family members living at home
- Change of address, phone number, or move out of state
- Change in health insurance coverage (Let DWS know within 10 days if your child enrolls in other health insurance or if insurance becomes available through your work. Read more about other insurance on page 17.)

You do not need to call your eligibility worker when your income changes. However, if your income goes down a lot, you may want to call your eligibility office to see if you qualify for lower co-pays, premiums, or for a different medical assistance program.

You may talk with a DWS eligibility worker or find out the status of your application, review, pending verifications, etc., by:

- Phone: 1-866-435-7414
- Online access through myCase (24 hours) at https://jobs.utah.gov/mycase
- Chat with an Eligibility worker (during business hours) at https://jobs.utah.gov/mycase

**Eligibility Concerns.** If you do not agree with the decision made on your case or if you feel you have been treated unfairly, you have the right to:

- Talk with an eligibility worker or his/her supervisor
- Call the DWS Office of Constituent Services at 1-800-331-4341
- Ask for a fair hearing no later than 90 days after the notice of action from DWS

## Enrollment Renewal

CHIP reviews your enrollment every twelve months.

- At that time, CHIP will send you a renewal form.
- You will need to follow the instructions and complete the renewal form.
- You may complete your CHIP renewal or apply for benefits at *myCase* online: https://jobs.utah.gov/mycase

It is important to complete the renewal process on time or your case may be closed. If your case is closed for more than a month, you will need to re-apply.

## Interpretive Services

If you are deaf or hearing impaired, or speak another language, you can get an interpreter. When you call the CHIP hotline or CHIP premium office, CHIP provides an interpreter over the phone to help you. If you need interpretive services at your doctor or dentist's office, call you health plan (SelectHealth/ Molina) or dental plan (Premier Access/DentaQuest) before your appointment to make arrangements.

## Health Insurance Portability and Accountability Act (HIPAA)

The HIPAA Privacy Act describes how medical information about you may be used and disclosed and how you may get the information. The Utah Department of Health is committed to protecting your medical information, providing this notice to you, and abiding by the terms of the notice (see page 34).
Reference: www.health.utah.gov/hipaa

CHIP Member Guide

# CHOOSING A HEALTH PLAN

## How To Choose a Medical Plan

CHIP has two health plans: SelectHealth and Molina. You may choose the one you want.

The CHIP benefits and co-pays for SelectHealth and Molina are the same but the list of doctors and hospitals may be different. Please check with your current doctor to see which medical plan they accept. Or you may contact each plan toll-free, to find out if your doctor is already in their network.

Follow the steps below to choose your medical plan:

**1. Decide between SelectHealth and Molina**

- If you are approved for CHIP, you will get a letter asking you to choose a medical plan.
- Your HPR will help you choose your plan.
- Use the following charts (pages 11-13) to help you decide which medical plan is best for your family.

**2. Contact your Health Program Representative (HPR)**

- Once you have chosen a medical plan, contact your HPR by:
  - **Email.** Send an email to **chiphpr@utah.gov** with your plan choice, case number, names of parent/guardian and children, and contact information.
  - **Mail.** Using the "Health Plan Selection Form" (page 31), mail it to:
    BMHC CHIP HPR
    PO Box 143108, SLC, UT 84114
  - **Fax.** Using the "Health Plan Selection Form" (page 31), fax it to: (801) 237-0743
  - **Phone.** Call your HPR using the following phone numbers:
    If you live in Salt Lake County: (801) 526-9422
    Call toll-free: 1-866-608-9422

**It is critical that you choose your medical plan within two weeks of approval, or one will be assigned. If your child was seen by a doctor or hospital that is not covered under the medical plan you select or is assigned to you, you may be responsible for payment.**

**Note: If you do not tell your HPR which medical plan you want, one will be chosen for you.**

## Counties

This is a list of counties where CHIP services are offered. Contact the health plans if you need more information.

| **Counties Available** | **SelectHealth**<br>1-800-515-2220<br>www.selecthealth.org | **Molina**<br>1-888-483-0760<br>www.molinahealthcare.com |
|---|---|---|
| Beaver | ☑ | ☑ |
| Box Elder | ☑ | ☑ |
| Cache | ☑ | ☑ |
| Carbon | ☑ | ☑ |
| Daggett | | ☑ |
| Davis | ☑ | ☑ |
| Duchesne | ☑ | ☑ |
| Emery | | ☑ |
| Garfield | ☑ | ☑ |
| Grand | ☑ | ☑ |
| Iron | ☑ | ☑ |
| Juab | ☑ | ☑ |
| Kane | ☑ | ☑ |
| Millard | ☑ | ☑ |
| Morgan | ☑ | ☑ |
| Piute | ☑ | ☑ |
| Rich | ☑ | ☑ |
| Salt Lake | ☑ | ☑ |
| San Juan | ☑ | ☑ |
| Sanpete | ☑ | ☑ |
| Sevier | ☑ | ☑ |
| Summit | ☑ | ☑ |
| Tooele | ☑ | ☑ |
| Uintah | ☑ | ☑ |
| Utah | ☑ | ☑ |
| Wasatch | ☑ | ☑ |
| Washington | ☑ | ☑ |
| Wayne | ☑ | ☑ |
| Weber | ☑ | ☑ |

## Hospitals

This is a list of hospitals where CHIP services are offered.

| Hospitals | SelectHealth | Molina |
|---|---|---|
| Alta View Hospital | ☑ | |
| American Fork Hospital | ☑ | |
| Ashley Regional Medical Center | ☑ | |
| Bear River Valley Hospital | ☑ | ☑ |
| Bear Lake Memorial Hospital | ☑ | |
| Beaver Valley Hospital | ☑ | ☑ |
| Blue Mountain Hospital | ☑ | ☑ |
| Brigham City Community Hospital | ☑ | ☑ |
| Cache Valley Specialty Hospital | ☑ | ☑ |
| Cassia Regional Medical Center | ☑ | ☑ |
| Castle View Memorial Hospital | ☑ | ☑ |
| Central Valley Medical Center | ☑ | ☑ |
| Davis Hospital & Medical Center | ☑ | ☑ |
| Delta Community Medical Center | ☑ | ☑ |
| Dixie Regional Hospital | ☑ | ☑ |
| Fillmore Community Medical Center | ☑ | ☑ |
| Franklin County Medical Center | ☑ | |
| Garfield Memorial Hospital | ☑ | ☑ |
| Gunnison Valley Hospital | ☑ | ☑ |
| Heber Valley Medical Center | ☑ | ☑ |
| Huntsman Cancer Hospital | ☑ | |
| Intermountain Medical Center | ☑ | |
| Jordan Valley Hospital | | ☑ |
| Kane County Hospital | ☑ | ☑ |
| Lakeview Hospital | | ☑ |
| LDS Hospital | ☑ | ☑* |
| Logan Regional Hospital | ☑ | ☑ |
| McKay Dee Medical Center | ☑ | |
| Milford Valley Memorial Hospital | ☑ | ☑ |
| Moab Regional Hospital | ☑ | ☑ |
| Mountain View Hospital | | ☑ |
| Mountain West Medical Center | ☑ | ☑ |
| Ogden Regional Medical Center | | ☑ |

*Requires prior approval from the health plan

## Hospitals (continued)

| Hospitals | SelectHealth | Molina |
|---|---|---|
| Oneida County Hospital | ☑ | |
| Orem Community Hospital | ☑ | |
| The Orthopedic Specialty Hospital | ☑ | |
| Park City Medical Center | ☑ | |
| Pioneer Valley Hospital | | ☑ |
| Primary Children's Medical Center | ☑ | ☑ |
| Riverton Hospital | ☑ | |
| Salt Lake Regional Medical Center | | ☑ |
| San Juan Hospital | ☑ | ☑ |
| Sanpete Valley Hospital | ☑ | ☑ |
| Sevier Valley Medical Center | ☑ | ☑ |
| St. Marks Hospital | | ☑ |
| Timpanogos Regional Hospital | | ☑ |
| Uintah Basin Medical Center | ☑ | ☑ |
| University of Utah Hospital | | ☑ |
| Utah Valley Regional Medical Center | ☑ | ☑* |
| Valley View Medical Center | ☑ | ☑ |

*Requires prior approval from the health plan

## How To Choose a Dental Plan

CHIP has two dental plans: Premier Access and DentaQuest

**Wasatch Front.** If you live along the Wasatch Front (including Salt Lake, Utah, Weber and Davis counties) you have the choice to choose between DentaQuest and Premier Access.

**Non-Wasatch Front.** If you live in any other county besides Salt Lake, Utah, Weber and Davis, you will have Premier Access as your dental plan. Before you receive dental treatment, please check with your dentist to make sure they accept Premier Access insurance.

The benefits and co-pays for Premier Access and DentaQuest are the same but the list of dentists may be different. Please check with your current dentist to see which dental plan they accept. Or you may contact each plan toll-free, to find out if your dentist is already in their network.

Once you have selected your dental plan, contact your HPR with your dental plan selection:

- **Email.** Send an email to **chiphpr@utah.gov** with your plan choice, case number, names of parent/guardian and children, and contact information.
- **Mail.** Using the "Health Plan Selection Form" (page 31), mail it to: BMHC CHIP HPR, PO Box 143108, SLC, UT 84114
- **Fax.** Using the "Health Plan Selection Form" (page 31), fax it to: (801) 237-0743
- **Phone.** Call your HPR using the following phone numbers:

| | |
|---|---|
| If you live in Salt Lake County: | (801) 526-9422 |
| Call toll-free: | 1-866-608-9422 |

**Note: If you do not tell your HPR which dental plan you want, one will be chosen for you.**

## Common Questions

**What will my medical and dental plans do for me?**

- Process your claims
- Send you medical and dental ID cards
- Send you a booklet of health care providers for you to choose from
- Pre-authorize procedures when needed
- Answer your questions about benefits

**When will I get my medical and dental cards?**

You will receive your ID cards within 2-3 weeks after selecting your medical and dental plan for each child enrolled in CHIP. If you do not get your card or if you lose it, call your plan.

**What should I do if my children need health care before we get the CHIP ID cards?**

In some cases you may need to pay for services. You may be reimbursed for CHIP covered services. Contact your medical or dental plan or an HPR if you have questions.

**Will I get a new card if I add a family member to CHIP?**

You will get a new medical card for any child added to CHIP. If you need medical coverage for a family member that is not currently covered by Medicaid or CHIP, contact your eligibility worker at the Department of Workforce Services to see if the child is eligible.

**How do I know what is covered by CHIP?**

Your medical and dental plans will send you a packet that includes information about covered benefits, pre-authorization, and a list of providers you may use. Call your health plan if you do not receive it within 4-6 weeks.

**Do we have to use a participating provider?**

Yes. Both your medical and dental plans require you to use a provider that participates in their networks.

**Do I need to get a referral before I can see a specialist?**

Check with your medical and dental plan before visiting a specialist.

**Which pharmacies can I use?**

You may use any SelectHealth approved or Molina approved pharmacy. Your health plan will send you more details.

**Can I get help in coordinating my medical services?**

Yes. SelectHealth and Molina offer case management services to help you coordinate your medical services. Contact your health plan for more information.

**Can I change my health and dental plans?**

You must stay with your selected medical and dental plans through June 30 of each year. However, you can change your plan during the yearly plan switch period from May to mid-June. Any changes made at that time will be effective July 1 of that year. You will get a letter each year to remind you of the yearly plan change period.

If you move to a different county within Utah, you must call your HPR because your current medical or dental plan may not be available in your new county.

For more information, contact your HPR (see page 10).

**Are there any other benefits I should know about?**

Call SelectHealth or Molina to learn about incentives or other programs they may offer.

**What if I disagree with the actions or decisions of my health plan?**

If you do not agree with the actions of your medical or dental plan, you can request an appeal. You must pursue an appeal with your medical or dental plan within 30 days from the date you are told of their action or decision.

**What if I disagree with the actions or decisions of my health plan? (continued)**

If you disagree with the outcome of your medical or dental plan's appeal process, you can request a hearing with the Hearing Unit at the Division of Medicaid and Health Financing. The request must be made within 30 days of when you are told of your medical or dental plan's appeal decision.

You must pursue an appeal with your health plan first before you can have a hearing with the State's Hearing Unit. If you do not appeal with your health plan first, you cannot have a hearing with the State.

**What if my child enrolls in other insurance?**

Your child cannot have other insurance and be covered by CHIP unless the insurance is a limited coverage plan (such as a dental or vision only plan, etc.). You must notify DWS within ten (10) days of enrollment.

Once DWS is notified, they will review the information to determine if your child will continue to qualify for CHIP. If your CHIP case closes, notify your child's medical providers to bill your other insurance, instead of CHIP.

**What happens when my child gains access to insurance?**

If your child gains access to insurance after they are approved for CHIP, you must notify DWS within ten (10) days. If you choose not to enroll in the insurance, your child may continue to be covered by CHIP until renewal. If you choose to enroll in the insurance your child (or family) may be eligible for UPP (Utah's Premium Partnership) and may qualify for a premium reimbursement.

Visit www.health.utah.gov/upp for more information or contact DWS at 866-435-7414 and ask to speak with an UPP specialist.

**What happens if my child has been covered by other insurance for a while, and I did not report it or I did not know about it?**

Your child cannot have CHIP in addition to other medical insurance coverage. Unless the other medical insurance is a limited coverage plan.

If your child is covered by another medical insurance policy while receiving CHIP coverage you will have an overpayment. You may be responsible for paying back to the State the amount of the medical premium that the State had paid for your child's CHIP medical plan for each month that your child was ineligible for CHIP. Contact your DWS eligibility worker to report changes in insurance coverage within ten (10) days of the change.

# PREMIUMS & CO-PAYS

## Premiums

Depending on your income, you may need to pay a premium (up to $75) every quarter. The premium is a set amount no matter how many children you have.

The Department of Workforce Service (DWS) Business Office will send an invoice when your premiums are due. You will receive a new invoice every three (3) months, starting with the first month that your child enrolled in CHIP.

DWS has monthly payment options available for you, too. Just call the DWS Business Office and ask.

You may choose any of the following ways to pay your premiums:

- **Online**: https://jobs.utah.gov/mycase
- **Phone**: DWS Business Office 1-866-435-7414 (select option 5)
  (Monday - Friday, 8 a.m. - 5:00 p.m.)
- **Mail**: Department of Workforce Services
  Business Office
  P.O. Box 143250
  Salt Lake City, UT 84114-3250

### Late Fee

It is very important that you pay your premium on time. If you do not pay it by the due date, a $15 late fee will be charged to your account. You will then have to pay the premium and the late fee to keep your child on CHIP. If you do not pay your premium, your case will be closed.

There may be a delay in getting benefits until your medical and dental plans are notified that your child is eligible again. Contact your HPR if your child has an immediate need.

## Co-pays

Most CHIP families will need to pay a co-pay for medical and dental services. Based on your income, a representative from your local eligibility office will determine which CHIP Co-pay Plan A, B, or C you are eligible for. The co-pay plan you are assigned to will be listed on your CHIP ID card. The next few pages outline the benefits and co-pays for each plan. Preventive care services like immunizations and well-child exams do not have a co-pay.

**Deductible.** Plan A does not have a deductible. However, Plan B and Plan C require that you pay a deductible. A deductible is the part of a claim that is not covered by CHIP. You must pay the deductible first before CHIP can pay the remaining cost of these bills. This applies to inpatient, outpatient hospital, and major diagnostic services.

## Who Does Not Pay Co-pays or Premiums

Verified **American Indian and Alaska Native children** do not pay co-pays or quarterly premiums. A CHIP enrollee must provide tribal membership verification. The tribe must be recognized by the federal government.

Acceptable verification of American Indian and Alaska Native status include:

- Tribal Identification/Enrollment Card or Number
- Certificate of Degree of Indian or Alaska Native Blood (CDIB) signed by the Bureau of Indian Affairs (BIA)
- Indian Health Services (IHS) Face Sheet (IHS Face Sheet is a medical record certified by IHS as being from their original records)

**Zero Countable Income.** CHIP families that do not have income in the benefit period do not have to pay co-pays or deductibles for CHIP covered services.

| CHIP Co-Pay Plan A | |
|---|---|
| Out-of-Pocket Maximum | 5% of family's annual gross income, including dental expenses* |
| Premium | $0 |
| Pre-existing Condition | No waiting period |
| **Medical Benefits** | |
| Deductible | None |
| Well-Child Exams | $0 |
| Immunizations | $0 |
| Doctor Visits | $3 |
| Specialist Visits | $3 |
| Emergency Room | $3 |
| Ambulance | 5% of approved amount |
| Urgent Care Center | $3 |
| Ambulatory Surgical & Outpatient Hospital | $3 |
| Inpatient Hospital Services | $50 |
| Lab & X-ray | $0 for minor diagnostic tests and x-rays;<br>$3 for major diagnostic tests and x-rays |
| Surgeon | $0 |
| Anesthesiologist | $0 |
| Prescriptions<br>Preferred Generic Drug<br>Preferred Brand Name Drug<br>Non-Preferred Drug | <br>- $1<br>- $1<br>- 5% of approved amount |
| Mental Health Services<br>Inpatient & Outpatient Facility<br>Office Visit | <br>- $50<br>- $3 |
| Residential Treatment | 5% of approved amount (25 day limit per year) |
| Physical Therapy | $3 (20 visit limit per year) |
| Chiropractic Visits | Not a covered benefit |
| Home Health & Hospice Care | $3 |
| Medical Equipment & Supplies | $3 |
| Diabetes Education | $0 |
| Vision Screening | $3 (1 visit limit per year) |
| Hearing Screening | $3 (1 visit limit per year) |
| **Dental Benefits** | |
| Deductible | $0 |
| Maximum Benefit (Preventive, Basic & Major services) | $1,000 per plan year, per child |
| Preventive Services<br>- Routine exams and cleanings (2 per year), topical fluoride, x-rays | $0 |
| Basic Services<br>- Fillings, extractions, oral surgery, endodontics, periodontics | $0 |
| Major Services<br>- Crowns, bridges, dentures | 5% of approved amount |
| Orthodontics<br>- Covered ONLY if medically necessary | 5% of approved amount ($1,000 lifetime maximum**). Requires Prior Authorization. |
| Specialists<br>- Endodontists, oral surgeons, periodontists, pediatric specialists, prosthodontists | 5% of approved amount |

* CHIP will send you an approval letter, telling you your family's approximate out-of-pocket maximum amount.
** Orthodontic services are not included in the annual maximum benefit.

| CHIP Co-Pay Plan B | |
|---|---|
| Out-of-Pocket Maximum | 5% of family's annual gross income, including dental expenses* |
| Premium | $30/family/quarter |
| Pre-existing Condition | No waiting period |
| **Medical Benefits** | |
| Deductible | $40 per family |
| Well-Child Exams | $0 |
| Immunizations | $0 |
| Doctor Visits | $5 |
| Specialist Visits | $5 |
| Emergency Room | $5; $10 for non-emergency |
| Ambulance | 5% of approved amount after deductible |
| Urgent Care Center | $5 |
| Ambulatory Surgical & Outpatient Hospital | 5% of approved amount after deductible |
| Inpatient Hospital Services | $150 after deductible |
| Lab & X-ray | $0 for minor diagnostic tests and x-rays; 5% of approved amount after deductible for major diagnostic tests and x-rays |
| Surgeon | 5% of approved amount |
| Anesthesiologist | 5% of approved amount |
| Prescriptions<br>Preferred Generic Drug<br>Preferred Brand Name Drug<br>Non-Preferred Drug | <br>- $5<br>- 5% of approved amount<br>- 5% of approved amount |
| Mental Health Services<br>Inpatient & Outpatient Facility<br>Office Visit | <br>- $150 after deductible<br>- $5 |
| Residential Treatment | 5% of approved amount after deductible (25 day limit per year) |
| Physical Therapy | $5 (20 visit limit per year) |
| Chiropractic Visits | Not a covered benefit |
| Home Health & Hospice Care | 5% of approved amount after deductible |
| Medical Equipment & Supplies | 5% of approved amount after deductible |
| Diabetes Education | $0 |
| Vision Screening | $5 (1 visit limit per year) |
| Hearing Screening | $5 (1 visit limit per year) |
| **Dental Benefits** | |
| Deductible | $0 |
| Maximum Benefit (Preventive, Basic & Major services) | $1,000 per plan year, per child |
| Preventive Services<br>- Routine exams and cleanings (2 per year), topical fluoride, x-rays | $0 |
| Basic Services<br>- Fillings, extractions, oral surgery, endodontics, periodontics | 5% of approved amount |
| Major Services (Crowns, bridges, dentures) | 5% of approved amount |
| Orthodontics<br>- Covered ONLY if medically necessary | 5% of approved amount ($1,000 lifetime maximum**). Requires Prior Authorization. |
| Specialists<br>- Endodontists, oral surgeons, periodontists, pediatric specialists, prosthodontists | 5% of approved amount |

* CHIP will send you an approval letter, telling you your family's approximate out-of-pocket maximum amount.
** Orthodontic services are not included in the annual maximum benefit.

| CHIP Co-Pay Plan C | |
|---|---|
| Out-of-Pocket Maximum | 5% of family's annual gross income, including dental expenses* |
| Premium | $75/family/quarter |
| Pre-existing Condition | No waiting period |
| **Medical Benefits** | |
| Deductible | $500 per child; $1,500 per family |
| Well-Child Exams | $0 |
| Immunizations | $0 |
| Doctor Visits | $25 |
| Specialist Visits | $40 |
| Emergency Room | $300 after deductible |
| Ambulance | 20% of approved amount after deductible |
| Urgent Care Center | $40 |
| Ambulatory Surgical & Outpatient Hospital | 20% of approved amount after deductible |
| Inpatient Hospital Services | 20% of approved amount after deductible |
| Lab & X-ray | $0 for minor diagnostic tests and x-rays; 20% of approved amount after deductible for major diagnostic tests and x-rays |
| Surgeon | 20% of approved amount after deductible |
| Anesthesiologist | 20% of approved amount after deductible |
| Prescriptions<br>Preferred Generic Drug<br>Preferred Brand Name Drug<br>Non-Preferred Drug | <br>- $15<br>- 25% of approved amount<br>- 50% of approved amount |
| Mental Health Services<br>Inpatient & Outpatient Facility<br>Office Visit | <br>- 20% of approved amount after deductible<br>- $40 |
| Residential Treatment | 50% of approved amount after deductible (25 day limit per year) |
| Physical Therapy | $40 after deductible (20 visit limit per year) |
| Chiropractic Visits | Not a covered benefit |
| Home Health & Hospice Care | 20% of approved amount after deductible |
| Medical Equipment & Supplies | 20% of approved amount after deductible |
| Diabetes Education | $0 |
| Vision Screening | $40 (1 visit limit per year) |
| Hearing Screening | $40 (1 visit limit per year) |
| **Dental Benefits** | |
| Deductible | $50 per child; $150 per family |
| Maximum Benefit (Preventive, Basic & Major services) | $1,000 per plan year, per child |
| Preventive Services<br>- Routine exams and cleanings (2 per year), topical fluoride, x-rays | $0 |
| Basic Services<br>- Fillings, extractions, oral surgery, endodontics, periodontics | 20% of approved amount after deductible |
| Major Services<br>- Crowns, bridges, dentures | 50% of approved amount after deductible |
| Orthodontics<br>- Covered ONLY if medically necessary | 50% of approved amount ($1,000 lifetime maximum**). Requires Prior Authorization. |
| Specialists<br>- Endodontists, oral surgeons, periodontists, pediatric specialists, prosthodontists | Talk to your dental plan for an estimate of additional charges. |

* CHIP will send you an approval letter, telling you your family's approximate out-of-pocket maximum amount.
** Orthodontic services are not included in the annual maximum benefit.

## Maximum Out-of-Pocket Costs

**What is the most I will need to pay?**

You do not need to pay more than 5% of your family's CHIP countable income for out of pocket expenses each benefit period. The out of pocket expenses include deductibles, premiums, and co-pays, owed for CHIP covered services. DWS will send you an approval letter, telling you the approximate out-of-pocket maximum amount for your family.

**What happens when I have paid the maximum out-of pocket?**

Once you have reached 5% of your family's income, your family will no longer have to pay co-pays for that benefit period.

**When should I start tracking my out-of-pocket expenses?**

Start tracking the day your child becomes eligible for CHIP. We have included a form to help you track these expenses each year. See the "Out-of-Pocket Maximum Claim Form" on page 29.

**What are the dates for the benefit period?**

The benefit period is 12 months of CHIP coverage, beginning with the month your child became eligible for CHIP. The benefit year starts over in that month, every year. Check with DWS if you do not know which month your child's CHIP coverage began.

The benefit period may be shorter than 12 months if:

- your child no longer qualifies for CHIP;
- you request an early review of your medical eligibility;
- your child becomes eligible for Medicaid; or
- your child qualifies for a better CHIP plan

**How do I show that I have paid the maximum out-of-pocket?**

- Each time you pay a co-pay, write the information on the "Out-of-Pocket Maximum Claim Form" (page 29).
- Once the co-pays add up to your 5% maximum or more, mail or fax the completed claim form to:
  BMHC CHIP, PO Box 143108, Salt Lake City, UT 84114-3108
  Fax: (801) 538-6099
- You can get more claim forms by calling 1-866-772-1261 or downloading it from: health.utah.gov/chip/resources

**What happens next?**

- CHIP will make sure you have met your 5% maximum out-of-pocket costs.
- If you have met your maximum, CHIP will send you a letter verifying your out-of-pocket maximum is met and that you do not owe co-pays through the end of the benefit period.
- You can use the letter to show your health care provider that you do not owe co-pays until you get a new card.
- You will receive new cards from your medical and dental plan showing that no co-pay is due, if you meet the out-of-pocket maximum before the end of your current benefit period.

**What if my income changes?**

If your income or household size changes, you may qualify for a lower cost CHIP plan. You may also qualify for a different medical assistance program. To find out, you may ask for an early review. If you still qualify for CHIP, the following changes occur:

- A new 12-month benefit period begins
- You will have a new 5% maximum amount for co-pays and deductibles
- The 5% maximum amount starts over
- Co-pays, deductibles or premiums paid in the previous benefit year do not count toward the new benefit period's maximum out-of-pocket amount

# RESOURCES

## Eligibility Services

Talk to an eligibility worker by calling the DWS Eligibility Services Center at 1-866-435-7414. You may also access information about your case online, including your benefit status and verifications received by DWS. You may also chat online with an eligibility worker at: https://jobs.utah.gov/mycase

An eligibility worker from DWS can also help you if you have family members on Medicaid, Primary Care Network (PCN), or Utah's Premium Partnership for Health Insurance (UPP).

## Find Your Local Tribal/Indian Health Services Office

| Name | Contact | Phone |
|---|---|---|
| Confederated Tribes of Goshute Indian Reservation | Christine Steele | (435) 234-1194 |
| Fort Duchesne Indian Health Services Clinic | Kaye Black | (435) 722-5122 |
| Indian Walk-In Center, Urban Program | Lori Pacheco | (801) 486-4877 |
| Navajo Health Systems, Inc. Blanding Family Practice | Alsieta Lameman | (435) 678-3601 |
| Montezuma Creek Community Health Center | Darlene Eddie | (435) 651-3778 |
| Monument Valley Health Center | Lola Cly | (435) 651-3778 |
| Navajo Mountain Health Center | Wilbur Smallcanyon | (928) 672-2494 |
| Northwestern Band of Shoshone | Gayla Pena | (435) 734-2286 |
| Paiute Indian Tribe of Utah | Medical Clinics (general information)<br>Shivwits Clinic<br>Cedar City Clinic<br>Koosharem Clinic<br>Kanosh Clinic | (435) 586-1112 or 1-800-658-5340<br>(435) 688-8198<br>(435) 867-1520<br>(435) 893-0977<br>(435) 759-2610 |
| Ute Mountain Ute Health Center | Joanna Smith | (970) 565-4441 x. 247 |

**CHIP**
**Covering Utah's Children**

# Out-of-Pocket Maximum Claim Form

My out-of-pocket maximum is: $_____
Parent/Guardian Name: _____
Health and Dental Plan:_____

We have provided this form to help you keep track of your children's medical and dental services. After your out-of-pocket maximum is met, return this form to CHIP (see below). Complete one line for each co-pay or co-insurance you pay. You do not need to submit receipts, but keep them for your records.

You may submit claim forms up to one year after the end of the benefit year in which the expenses occur.

| Child's Name | Date of visit or claim | Did you pay this bill? Y/N | Health Care Provider's Name and Mailing Address | Amount of co-pay or co-insurance |
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**Grand Total** (for all pages) $_____

**Return form to:**
BMHC CHIP, PO Box 143108, SLC, UT 84114-3108
**Fax:** (801) 538-6099
**E-mail:** chip@utah.gov

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| Child's Name | Date of visit or claim | Did you pay this bill? Y/N | Health Care Provider's Name and Mailing Address | Amount of co-pay or co-insurance |
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**Return form to:**
BMHC CHIP, PO Box 143108, SLC, UT 84114-3108
**Fax:** (801) 538-6099
**E-mail:** chip@utah.gov

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**CHIP**
**Covering Utah's Children**

# Health Plan Selection Form

Once you have chosen a health and dental plan, please mail or fax this form to your HPR. Or e-mail **chiphpr@utah.gov** with your plan choice and the information below.
*(Please print clearly)*

| | | | |
|---|---|---|---|
| **Case #** | | | |
| **Name of Parent/ Guardian** | (First, Last) | | Date of Birth |
| **Name(s) of child/ children** | (First, Last) | | Date of Birth |
| | (First, Last) | | Date of Birth |
| | (First, Last) | | Date of Birth |
| | (First, Last) | | Date of Birth |
| **Contact Information** | (Address, City, State, Zip) | | |
| | (Daytime Phone) | (Cell phone) | |
| | (E-mail address) | | |
| **My Choice of Health Plan** | ☐ SelectHealth ☐ Molina | | |
| **My Choice of Dental Plan** | **(Salt Lake, Utah, Weber, and Davis County Residents Only)**<br>☐ Premier Access ☐ DentaQuest | | |

**Note:** You must stay with your selected health plan through June 30 of each year.

**Return form to:**
BMHC CHIP HPR, PO Box 143108
SLC, UT 84114-3108
**Fax:** (801) 237-0743
**E-mail:** chiphpr@utah.gov

| Name(s) of child/ children: | (First, Last) | Date of Birth |
|---|---|---|
| | (First, Last) | Date of Birth |
| | (First, Last) | Date of Birth |
| | (First, Last) | Date of Birth |
| | (First, Last) | Date of Birth |

**Return form to:**
BMHC CHIP HPR, PO Box 143108
SLC, UT 84114-3108
**Fax:** (801) 237-0743
**E-mail:** chiphpr@utah.gov

You may tear out this page.

## CHIP Enrollee Rights and Responsibilities

**Persons who are eligible for CHIP have the right to:**

- Receive correct and timely benefits.
- Receive proper notice if there is a change in the benefits for which they qualify.
- Be treated with dignity, courtesy and respect.
- Receive information about medical programs including Medicaid and the Children's Health Insurance Program. Anyone can look at a copy of the policy manual for any program.

**Your Responsibilities as a CHIP Enrollee:**

You must report the following changes to the Department of Workforce Services within ten (10) calendar days of the day you learn of the change.

- You child begins to receive coverage under a group health plan or other health insurance coverage.
- You gain access to coverage under a health insurance plan offered by an employer where the cost to enroll the child is less than 5% of your household gross income.
- You begin to be covered or gain access to coverage under a state employee’s group health plan due to a parent’s or legal guardian’s employment with the state.
- Your enrolled child leaves the household or dies.
- Your enrolled child or your household moves out of state.
- Your enrolled child or your household changes your address.
- Your enrolled child enters a public institution or an Institution for Mental Disease.

An individual who intentionally provides false information and who completed the application on behalf of an enrollee, is responsible for repaying any incorrect benefits received by the enrollee.

Utah Department of Health, Division of Medicaid and Health Financing

# Notice of Privacy Rights

**This notice describes how medical information about you may be used and disclosed and how you may access this information. Please review it carefully. Effective: 04/14/2003**

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF) is committed to protecting your medical information. DMHF is required by law to maintain the privacy of your medical information, provide this notice to you, and abide by the terms of this notice.

## Confidentiality Practices and Uses

DMHF may use your health information for conducting our business. Examples:

Treatment - to appropriately determine approvals or denials of your medical treatment. For example, DMHF health care professionals may review your treatment plan by your health care provider for medical necessity if a Medicaid recipient or for program listed services if a Primary Care Network (PCN) recipient, Children's Health Insurance Program (CHIP) recipient or Utah's Premium Partnership for Health Insurance (UPP) enrollee.

Payment - to determine your eligibility in the Medicaid, PCN, CHIP, or UPP program and make payment to your health care provider. For example, your health care provider may send claims for payment to DMHF for medical services provided to you, if appropriate.

Health Care Operations - to evaluate the performance of a health plan or a health care provider. For example, DMHF contracts with consultants who review the records of hospitals and other organizations to determine the quality of care you received.

Informational Purposes - to give you helpful information such as health plan choices, program benefit updates, free medical exams and consumer protection information.

## Your Individual Rights

You have the right to:

Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restriction.

Request that we use a specific telephone number or address to communicate with you.

Inspect and copy your health information, including medical and billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial.*

Request corrections or additions to your health information.*

Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request and exclude dates prior to April 14, 2003. The first accounting is free but a fee will apply if more than one request is made in a 12 month period.*

Request a paper copy of this notice even if you agree to receive it electronically.

*Must be made in writing. Contact the DMHF Privacy Officer for the appropriate form for your request.

## Sharing Your Health Information

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations include activities necessary to administer the Medicaid, PCN, CHIP and UPP programs and the following:

For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths; and reporting reactions to drugs and problems with medical devices.

To protect victims of abuse, neglect, or domestic violence.

For health oversight activities such as investigations, audits, and inspections.

For lawsuits and similar proceedings.

When otherwise required by law.

When requested by law enforcement as required by law or court order.

To coroners, medical examiners, and funeral directors.

For organ and tissue donation.

For research approved by our review process under strict federal guidelines.

To reduce or prevent a serious threat to public health and safety.

For workers' compensation or other similar programs if you are injured at work.

For specialized government functions such as intelligence and national security.

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

## Our Privacy Responsibilities

DMHF is required by law to:

Maintain the privacy of your health information.

Provide this notice that describes the ways we may use and share your health information.

Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. Current notices will be posted in DMHF offices and on our website at www.health.utah.gov/hipaa. You may also request a copy of any notice from your DMHF Privacy Officer listed below.

## Contact Us

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information, Medicaid, PCN, CHIP and UPP recipients should contact the DMHF Privacy Officer, Craig Devashrayee, 801-538-6641; 288 North 1460 West, 3rd Floor; PO Box 143102, Salt Lake City, Utah 84114-3102; cdevashrayee@utah.gov.

We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written compaint with the Office of Civil Rights, 200 Independence Avenue, S.W. Room 509F HHH Bldg., Washington, DC 20201.

If you believe you have been improperly denied a service or benefit because of your disability, age, sex, religion, race, color or national origin, you may contact the State to file a complaint. Even if you choose not to file a complaint with the State you still may file a written complaint with the Federal Office for Civil Rights, U.S. Department of Health and Human Services, Federal Office Building, 1961 Stout Street, Room 1426, Denver, CO 80294-3538. Or you may contact the Federal Office for Civil Rights by phone (303) 844-2024 or online www.hhs.gov/ocr .

UTAH DEPARTMENT OF
HEALTH

Information in the CHIP Member Guide may change without notice. This guide contains a brief description of coverage and is not a policy, coverage, or service agreement. A detailed description of services is available in SelectHealth, Molina, Premier Access and DentaQuest's master policy and member handbook.

CHIP
PO Box 143108
SLC, UT 84114-3108

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